



## ADMISSION/ENROLLMENT

13309 NW 6th St • Yukon, OK 73099 • Fax 405-265-7121  
glorycsok@gmail.com • glorycs.com

*Enrollment fee due upon  
acceptance to GCS: \$350*

### COMPLETE ALL INFORMATION BELOW (please print):

**Student Name** (First, Middle, & Last) \_\_\_\_\_

Last 4 digits of SS # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Candidate for Grade \_\_\_\_\_ School Year 20\_\_\_\_-20\_\_\_\_

**Father's Name** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PARENTS:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**If separated or divorced, who has custody of child(ren)?** \_\_\_\_\_

**If remarried, fill out the appropriate sections below:**

**Stepfather's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Stepmother's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

<u>Siblings</u>	<u>Age</u>	<u>School Attending/Grade</u>	<u>Applying for Admission?</u>

*Continued on Reverse Side*

Siblings

Age

School Attending/Grade

Applying for Admission?

School(s) Attended

City/State

Dates Attended/Grade

Reason for Leaving

Grandparents

Address

City

State

Zip

**PARTICIPATION IN SPECIAL PROGRAMS:**

Gifted/Talented \_\_\_\_\_ Accelerated Program \_\_\_\_\_ Learning Disability \_\_\_\_\_ Behavior Management \_\_\_\_\_

Hyperactivity \_\_\_\_\_ Emotional Disturbance \_\_\_\_\_ Attention Deficit Disorder \_\_\_\_\_ Individualized Ed Plan \_\_\_\_\_

Resource Classes \_\_\_\_\_ (List Subject) \_\_\_\_\_ Remediation \_\_\_\_\_ (List Subject) \_\_\_\_\_

Tutoring Classes \_\_\_\_\_ (List Subject) \_\_\_\_\_ Advanced Classes \_\_\_\_\_ (List Subject) \_\_\_\_\_

Received Counseling or Testing for: Emotional \_\_\_\_\_ Behavior \_\_\_\_\_ Learning Disability \_\_\_\_\_

State Diagnosis or Prognosis: \_\_\_\_\_

Has applicant been declared ineligible to re-enroll at any school? Yes \_\_\_\_\_ No \_\_\_\_\_

For 3 year olds: Is student potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that no information relevant to my child's admission has been withheld. I understand that acceptance of my application is determined by the outcome of the enrollment process of GCS. All applicants are considered in accordance with the above stated information.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**Please E-mail, Mail, or Fax this form to:**

**E-MAIL:** glorycsok@gmail.com

**MAIL:** Glory Christian School • 13309 NW 6th St • Yukon, OK 73099

**FAX:** 405-265-7121